18. CAUSE OF DEATH (Enter only one cause per line for very toly and U.)  19. PART I. DEATH WAS CAUSED BY:  INMEDIATE CAUSE (a)  INMEDIA	M	ISSOUR	וט וא	VI:	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-009:	501
No. 1960 No. 1960 No. 2	DO NOT WRITE	AMEND	ED	• <u> </u>	Registration District No. 317 Primary Registration District No. 54 Registrar's No. 570 STATE FILE NUMBER	BER
SOUND St. Louis adminished to the property of the common state of	ON THIS STUB			-	14 PLACE OF DEATMAR 2 1962	sidence before
3. MANE OF DECRASED SCHUNKE   Middle   Zschunkey   Day   Year   Death   2 - / 4 - / 2    1. S. S.K   6. COLOR OR RACE   7. Married   Nover Married   2 - 22 - 1887   74   Months   Days   Hours   Minches   Minches   Minches   Days   Minches			1 1	_	* COUNTY St. Louis * STATE Missouri St. Louis	
3. MAME OF DECRASED SCHUNKE Middle Zschunkey Death 2 - /4 - (2 LOUISE LOUISE LOUISE LOUISE LOUISE LOUISE LOUISE LOUISE LOUISE Manufacture of Death 2 - /4 - (2 LOUISE LOUI	Kev. 4/39				OP · · · · · · · · · · · · · · · · · ·	
3. MAME OF DECRASED SCHUNKE Middle Zschunkey Death 2 - /4 - (2 LOUISE LOUISE LOUISE LOUISE LOUISE LOUISE LOUISE LOUISE LOUISE Manufacture of Death 2 - /4 - (2 LOUISE LOUI	1///	3	111	l _		
3 NAME OF DECRASE SCHUNTE  10 Comparison  11 Comparison  12 Comparison  12 Comparison  13 Comparison  14 Comparison  15 Comparison  16 Comparison  17 Comparison  18 Compar		DATE			HOSPITAL OR INSTITUTIONSt. Louis County Hosp.    ADDRESS 6920 Plymouth Avenue   ADDRESS 6920 Plymouth Avenue	
5. SEX 6. COLOR OR RACE 7. Married 1 Nove Married 2 2-22-186 7 74 Months 1 Day Hours Man Months 1 Day Hours Month 1 Day	1 1				3. NAME OF DECEASED SCHILINGING Middle Last 4. DATE Month Day	
Female White Divorced 22-22-1887 74 Months Day Mours Min- 10s. USUAL OCCUPATION (Give kind of work done 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  BY 10s. ANAMED FORCES?  11s. MAS DECRASE OF SEVER IN U.S. ARMED FORCES?  11s. MAS DECRASE OF SEVER IN U.S. ARMED FORCES?  11s. MAS DECRASE OF SEVER IN U.S. ARMED FORCES?  11s. CAUSE OF DEATH (Enter only one cause per line for (vs. pr. pr. pr. pr. pr. pr. pr. pr. pr. pr	4 /			<b>i</b> –		
Address MANDE PLANT CONDITIONS CONTRIBUTION TO DEATH our related to the terminal proposition in PART 1 or PART 11 of Item 18.)  Address MANDE PROPOSITION OF HOUR Month, Day, Year Month, Day, Year Month of Month	5 2				Female White Widowed Divorced 2-22-1887 74 Months Days	
30 SOLUTION TO STATE  130. ANTHER'S NAME  131. DOSEPH Tracy  15. WAS DECASED EVER IN U.S. ARMED FORCES?  (Vis. no, or unknown) (if yes, give war or dates of service)  130. ANTHER'S NAME  140. AND CAUSE OF DEATH (enter only one cause per line for yer, top, smyll.)  141. ANTHER'S NAME  150. AND CAUSE OF DEATH (enter only one cause per line for yer, top, smyll.)  160. AND CONSTRAINT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal of the				1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF William meet of working life even if retired)	HAT COUNTRY
Joseph Tracy    Solution   Soluti		<u> </u>	[ [ ]	Í	Housewife None St. Louis, Missouri U.S.A.	<u>,                                     </u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. INFORMANT   Address   17. INFORMANT   Address   18. WAS DECEASED EVER IN U.S. ARMED FORCES?   William Tracy, 6920 Flymouth Avenue   10.   10	170 E	<b>式</b> │	1	1;		achimira
10   10   10   10   10   10   10   10	1 A / I	1 1 1		_		<u>schullke</u>
18. CAUSE OF DEATH (Enter only one cause per line for year (or, any Contribution)  11				Ö		a Avenue
IMMEDIATE CAUSE (a)  INDUSTRIAL TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.  PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.  PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.  PART III. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.  PART III. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.  PART III. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.  PART III. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female was there a pregnancy in last 90 days.  PART III. If deceased was female wa		¥	<sub> =</sub>	-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ang (c).	RVAL BETWEEN
which gave rise to above cause (a), stating the underlying cause least.    DUE TO (c)   Denal ged aloreoseless.	10	10 0 4			I can be with the case thank	EI AND DEATH
which gave rise to above cause (a), stating the underlying cause least.    DUE TO (c)   Denal ged aloreoseless.	l 11 k				Chall Control	•
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If decessed was female was female was condition given in PART I (a)    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If decessed was female was femal	1226-01	I EN K		i	which gave rise to	
NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY CCURRED   20d. INJURY STATE   20d. Injury occurred   3th	13	<b>-</b> <del>  -   -  </del>		stating the underlying cause last. DUE TO (c) <u>Jenerali jed allereoselliosis</u>		
TO STATE    19. WAS AUTOPSY   20s. ACQUENT SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)   19. WAS AUTOPSY   20s. ACQUENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)   19. WAS AUTOPSY   20s. ACQUENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)   19. WAS AUTOPSY   20s. ACQUENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)   19. WAS AUTOPSY   20s. ACQUENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)   19. WAS AUTOPSY   20s. ACQUENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)   19. WAS AUTOPSY   20s. ACQUENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)   19. WAS AUTOPSY   20s. ACQUENT   SUICIDE   HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)   20c. TIME OF Hour   Hour   Injury (e.g., in or about home, p.m.   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE   10c.   10		1 1 1		ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased with the decease with the deceased with the decease with the deceased wit	as remale was y in last 90 days.
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  22. Date signed  (Degree or title) 22b. ADDRESS 6. Brentwood 2 22c Date signed	1	ĝ		₫	Bronchopneumonia	Unknown
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  22. Date signed  (Degree or title) 22b. ADDRESS 6. Brentwood 2 22c Date signed	K INK RIBB(			CERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of PERFORMED?	f item 16.)
20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  21. I strended the deceased from 2-9-62, to 2-14-62 and last saw her place on 2/1.44-62  22. Date signed  (Degree or title) 22b. ADDRESS 6. Brentwood 2 22c Date signed		Swer     Swer		DICAL	20c. TIME OF Hour Month, Day, Year INJURY s.m.	
21. Lattended the deceased from 2-9-62 to 2-14-62 and last saw her slive on 2 1. 4-62  Peath occurred at 11.05 pc m on the date stated above, and to the best of my knowledge, from the causes stated.  21. A Shartuge 1. (Degree or title) 22b. ADDRESS 50. 13 pc n two or d. 22c DATE SIGNED 600 50.		`		¥		STATE
226 DATE GONED				Į	WHILE AT WORK (1) farm, factory, street, office bldg., etc.)	
226 DATE GONED		E		ł	21. I attended the deceased from 2-9-62, to 2-14-62 and last saw therefore on 2 1/4-6	2-
226 ADDRESS SO. 13 rentwo of 22 DATE GIGNED  226 ADDRESS SO. 13 rentwo of 22 DATE GIGNED  227 DATE GIGNED  228 NAME OF CENTERS OF CHILDREN		2			peathnoccurres at // m on the date stated above, and to the best of my knowledge, from the caus	ses stated.
TO STATE OF CENETEDY OF CENETED OF CENETEDY OF CENETED OF CENETEDY OF CENETEDY OF CENETEDY OF CENETEDY OF CENETEDY OF CENETED OF CENETED OF CENETEDY OF CENETEDY OF CENETEDY OF CENETED OF CE	USE	HOUL			21/ Julio (Degree or title) 226. ADDRESS So. 13 menturo de 2	
I L L L J Z E 22. RIPIAL OPERATION LIZIO, DATE 1430, NAME OF CEMETERS OR CREMATORS 1430, LOCATION (CITY, TOWN, OF COUNTY) I (STATES	F	S		_	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
St. Paul Churchyard, St. Louis County, Mo.		ò	FIDA		REMOVAL (Specify)  Removal (Specify)  St. Paul Churchyard, St. Louis County, Mo	
Stock Mortuaries. 2117 E. Grand 2-16-62 Registrar's signature		TEM [	3Y AF	-2	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECU. BY LOCAL REG. 20. REGISTRAR'S SIGNATURE	ms,
(Licensed Embalmer's Statement on Reverse Side)	'	1-11	-	<b>.</b>		

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	Signed Jaul A. Wachter
StudentSignature of Student Embalmer	Signed/ unit
	Licensed Embalmer No. 2/7 8 7
•	BO Address They all o

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

225